

PTO/SB/81 (01-06)

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/749,996
	Filing Date	12/31/2003
	First Named Inventor	Shapiro, Zeev
	Title	COMPREHENSIVE SPOKEN LANGUAGE LEARNING SYSTEM
	Art Unit	2644
	Examiner Name	Not Yet Known
	Attorney Docket Number	026285-000810

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 20350

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>V. Karasava</i>	Date	22 May '06
Name	Vaso Karasava	Telephone	(25) 353698
Title and Company	Managing Director.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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